PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

| | | CLAIMS A | SMALL ENTITY TYPE | | OR | OTHER THAN SMALL ENTITY | | | | | |
|--|--|---|----------------------------|--------------|---|-------------------------|----------------------------|------------------------|----|---------------------|------------------------|
| U.S. NATIONAL STAGE FEES | | | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | SMALL ENT | T. = \$ 150 | LARGE ENT. = \$ 300 | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | Satisfies PCT A | | All other situations = \$ 100 / \$ 200 | | EXAM. FEE | | | EXAM. FEE | 200 |
| SEAI | RCH FEE | | U.S. is ISA = ALL other co | untries = | ALL other situations = \$ 250 / \$ 500 | | SEARCH FEE | | | SEARCH FEE | \$00 |
| FEE | FOR EXTRA S | PEC. PGS. | 17 min | us 100 = | / 50 = | | X \$ 125 = | | | X \$ 250 = | |
| тот | AL CHARGEAB | LE CLAIMS | 18 m | inus 20 = | * | | X \$ 25 = | | OR | X \$ 50 = | |
| INDE | PENDENT CL | AIMS | | | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PRI | ESENT | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter " | | | | | | lumn 2 | TOTAL | | OR | TOTAL | ૧ળ |
| | (| CLAIMS AS (Column 1) | (Column 3) | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | IEST IBER OUSLY FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | TOTAL ADDIT | | OR | TOTAL ADDIT. FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| TOTAL A FEE | | | | | | | | | OR | TOTAL ADDIT. FEE | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". | | | | | | | | | | | |

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.